## BIRCH, STEWART, KOLASCH & BIRCH, LLP P.O. Box 747 • Falls Church, Virginia 22040-0747 Telephone: (703) 205-8000 • Pacsimile: (703) 205-8050

PLEASE NOTE: YOU MUST COMPLETE THE FOLLOWING

## COMBINED DECLARATION AND POWER OF ATTORNEY

	10	KINIDIA	I WIND DESIGN	ANTILIC	AHONS				
	As a below named invental I verily believe that inventor (if plural invention entitled:	entor, I hereby t I am the origi entors are nam	declare that: my residen nal, first and sole invent ed below) of the subjec	ce, post office as or (if only one is t matter which	ddress and citizenship nventor is named belov is claimed and for wi	are as stated nex v) or an original, uch a patent is	t to my name; first and joint sought on the		
Insert Title:	A High Efficient Me	ethod of Slag	Scooping - Up from Li	quid Iron and	a Device for Implem	enting Said Met	hod		
Fill in Appropriate	the specification of which is attached hereto. If not attached hereto, the application is identified by the attorney docket number as set forth above and/or the following:								
Information -	The specification v						22		
For Use Without	United States Application Number ;								
Specification	n and amended on (if applica								
Attached:	the specification was filed on 5 April 2004						_as PCT		
	International Application Number PCT/CN2004/000308						and was		
	amended on						plicable)		
	Il barely state that I have reviewed and understand the contents of the above-identified specification, including the claims, at I acknowledge the duty to disclose of interest to parameterity as defined in 18th 37. Code of Federical Regular Code 12th 25th 25th 25th 25th 25th 25th 25th 2								
Insert Priority	Thor Toroign Applica	accorday				Priority C	Jaimed		
Information:	200310121101.6	China		12/15/2	1003	⊠			
(If appropriate)	(Number)	(Country)			y/Year Filed)	Yes	No		
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	(Number)	(Country)		(Month/Da	y/Year Filed)	Yes	No.		
	(Number)	(Country)		(Month/Da	y/Year Filed)	Yes	No		
	(Number)	(Country)		(Month/Da	y/Year Filed)	Yes	No		
	I hereby claim the benefit under Title 35, United States Code, §119(e) of any United States provisional applications(s) listed below.								
Insert Provisional									
Application(s): (if any)	(Application Number) (Filing Date)								
	(Application Number)			(Filing Date)					
	All Foreign Applications, if any, for any Patent or inventor's Certificate Filed More than 12 Months (6 Months for Designs) Prior to the Filing Date of This Application:								
Insert Requested Information: (if appropriate)	Country		Application Number		Date of Filing (Monti	n/Day/Year)			
· · · · · · · · · · · · · · · · · · ·	I hereby claim the benefit under Tills 35. United States Code, \$120 of any United States and/or PCT application(s), including for continuation-in-part application(s)) lated below and, incoide as the neighbor nature of each of the claim of this application in not discussed in the prior tritled States and of CTT applications in the memore provided by the first paragraph of Tiles 55, United States and or CTT applications in the memore provided by the first paragraph of Tiles 55, United States and CTT applications in the memory provided by the first paragraph of Tiles 55, United States and CTT applications are sufficient to the paragraph of the provided by the sufficient of the superior of the provided by the sufficient of the superior of the provided by the sufficient of the superior of the								
Insert Prior U.S. Application(s): (if any)	(Application Number)		(Filing Date)		(Status - patented, pe	nding, abandone	id)		
Page 1 of 2 (Rev. 05/2004)	(Application Number)		(Filing Date)		(Status - patented, pe	nding, abandone	ıd)		

I hereby appoint the gractitioners at CUSTOMER NO. 02292 as my attorneys or agents to prosecute this application band or an international application based on this application and to trainest all usuances in the United States of an international perfection with the resulting patent based on instructions received from the entity who first sent the appointment of practitioners, unless the inventor(s) or assignee provides said practitioners with a written helice to the contrary:

## Send Correspondence to:

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## CUSTOMER NO. 02292 (BIRCH, STEWART, KOLASCH & BIRCH, LLP) Telephone: (703) 205-8050 • Facsimile: (703) 205-8050

COMPLETE THE FOLLOWING:	I hereby declare that all statements made herein of my own knowledge are true and that all statements made belief are believed to be true; and further that these statements were made with the knowledge that willful fall the like so made are pundstable by fine or imprisonment, or both, under Section 1010 of The IR 6 the Utited Sta such willful false statements may fooperdize the validity of the application or any patient issued thereon.								
tell Name of First or Sold Investor: neart Name of linvoter — neart Date This Decement is Signed	GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE Y	2026	DATE*					
Decorrant to Signed	Fuchun SHENG	1 5	公子太						
nsort Residence ment Catasanhip	Residence (City, State & Country)  CHTZENSHIP P.R.  Shenglida Engineering Co., Ltd, 133 Yingchun St., Laishen District, Yantai, Shaedong, China 264000								
wert Print Office Address →	MAILING ADDRESS (Complete Street Address including City, State & Country)								
	Shenglida Engineering Co., Ltd. 133 Yingchun St., Laishan District, Yantat, Shandong, China 264000								
oil Name of Second	CUMANUA CONTRACTOR								
Inventor, if any, scretnes	GIVEN NAME/ PARILY NAME	INVENTORSSIGNATURE		DATE*					
	Residence (City, State & Country)	CITIZENSHIP							
	MAILING ADDRESS (Complete Street A	ddress including City, State & Country)							
ill Name of Third Irrentor, if any: see abora	GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE		DATE*					
	Residence (City, State & Country)		CITIZENSHI						
	MAILING ADDRESS (Complete Street Ad	ddress including City, State & Country)							
i. Nerse of Fourth Inventor, If any on obeve	GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE		DATE*					
	Residence (City, State & Country)	CITIZENSHIP							
	MAILING ADDRESS (Complete Street Address including City, State & Country)								
I Numa of Pithh recents, if any see above	GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE		DATE*					
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Nace of Sheh nwestor, it any: see above	GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE		DATE*					
	Residence (City, State & Country)		CITIZENSHIP						
	MAILING ADDRESS (Complete Street Ad	dress including City, State & Country)							

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\*DATE OF SIGNATURE